Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5571HIC	A. BUILDING _____ B. WING _____	10/21/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUCHARME'S PLACE	7904 DUCHARME AVE LAS VEGAS, NV 89145

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments Surveyor: 28264 This Statement of Deficiencies was generated as a result of an initial State Licensure Survey conducted in your facility on 10/21/09. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was three. Two resident files,one renter file and two employee files were reviewed. The following regulatory deficiencies were identified:	H 000		
H 019	Director Duties-No FA/CPR NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 4. Ensure that a caregiver, who is capable of meeting the needs of the residents and has been trained in first aid, and cardiopulmonary resuscitation, is on the premises of the home at all times when a resident is present. This Regulation is not met as evidenced by: Surveyor: 28264	H 019		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 019	Continued From page 1 Based on record review and staff interview on 10/21/09, the director did not ensure that 2 of 2 caregivers had received training in cardiopulmonary resuscitation (CPR) and first aid (Employee #1 and #2)	H 019		
H 032	Safety & Sanitation-Fire Extinguisher NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (b) At least one functional, portable fire extinguisher; This Regulation is not met as evidenced by: Surveyor: 28264 Based on observation on 10/21/09, the facility did not have a functional, portable fire extinguisher.	H 032		
H 040	Agreement Concerning Rates NAC 449.15527 Agreement between operator of home and resident concerning rates; maintenance of records of residents. (NRS 449.249) The operator of a home shall: 1. Enter into a written agreement with each resident of the home that sets forth the basic rate for the services of the home and the charges for any optional services. This Regulation is not met as evidenced by: Surveyor: 28264 Based on record review on 10/21/09, the facility did not have a rate agreement that set forth the	H 040		

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H 040	Continued From page 2 basic rate for the services of the home and the charges for any optional services for 2 of 2 residents (Resident #1 and #2).	H 040		
H 050	Tuberculosis-Employees NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and	H 050		

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H 050	Continued From page 3 (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall	H 050		

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H 050	Continued From page 4 report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) This Regulation is not met as evidenced by: Surveyor: 28264 Based on record review on 10/21/09, the facility failed to ensure that 2 of 2 caregivers had evidence of a positive tuberculosis (TB) skin test (Employee #1, and #2), and the facility failed to ensure that 2 of 2 caregivers complied with NAC 441A.375 regarding a physical examination (Employee #1 and #2).	H 050		
H 060	Ultimate User Agreement NRS 453.375 Authority to possess and administer controlled substances. A controlled substance may be possessed and administered by the following persons: 6. An ultimate user or any person whom the ultimate user designates pursuant to a written agreement. NRS 454.213 Authority to possess and administer dangerous drug. [Effective through December 31, 2007.] A drug or medicine referred to in NRS 454.181 to 454.371, inclusive,	H 060		

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H 060	Continued From page 5 may be possessed and administered by: 10. An ultimate user or any person designated by the ultimate user pursuant to a written agreement. This Regulation is not met as evidenced by: Surveyor: 28264 Based on record review on 10/21/09, the facility did not obtain an ultimate user agreement authorizing the facility to administer medications to 2 of 2 residents (Resident #1 and #2).	H 060		
H 999	Final Comments This Regulation is not met as evidenced by: Surveyor: 28264 Based on record review, observation and interview on 10/21/09 the facility was allowing one renter (Individual #3) to reside in the facility which violated a new state statute. The renter was not related to any residents.	H 999		